

**PUBLIC SERVICE COMMISSION OF SOUTH
CAROLINA CLERK'S OFFICE
NOTICE OF FILING
DOCKET NO. 201 - -T**

Pursuant to S.C. Code Ann. § 58-23-10 et seq and 10 S.C. Code Ann. Reg. 103-130, et. seq. and the Rules and Regulations of the Commission, Midlands Movers, LLC, 550 Rose Sharon Dr., Lexington, S.C. 29072, has filed an Application with the Public Service Commission of South Carolina ("Commission") for a Class E (Household Goods) Certificate of Public Convenience and Necessity with statewide authority to transport household goods between points and places. A copy of the Company's Application can be obtained from the Commission at the following address: Public Service Commission of South Carolina, Clerk's Office, at 101 Executive Center Drive, Suite 100, Columbia, S.C. 29210 or is available on the Commission's website at www.psc.sc.gov. Any person who wishes to intervene as a party of record, or who wishes to be notified of the hearing, should file a pleading in accordance with the Commission's Rules and Regulations on or before _____, 20__ with the Clerk's Office at the address above, with the Office of Regulatory Staff, at 1401 Main Street, Suite 900, Columbia, South Carolina 29201, and with Charles L.A. Terreni, Terreni Law Firm, LLC, 1508 Lady Street, Columbia, S.C. 29201. Information about the Commission's procedures may be obtained on its website or by calling (803) 896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: _____

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1. _____
Midlands Movers, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
550 Rose Sharon Drive, Lexington SC 29072
Street Address of Applicant
Mailing Address of Applicant (if different from street address)
803-917-1651
Phone FAX
lwn1971@yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Lewis Noles, 550 Rose Sharon Drive, Lexington, SC 29072

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u> | | <u>Liabilities:</u> | |
|-------------------------------------|-------|------------------------------|-----|
| Value of Real Estate | 0 | Mortgage/Loan on Real Estate | 0 |
| Value of Motor Vehicles | 0 | Loans Owed on Motor Vehicles | 0 |
| Cash on Hand | \$500 | Business/Other Loans Owed | 0 |
| Cash in Bank | \$100 | Other Liabilities or Debts | 0 |
| Value of Other Assets and Equipment | 0 | Total Liabilities | \$0 |
| Total Assets | \$600 | | |

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

| <u>Number of Movers</u> | <u>Weekdays</u> | <u>Weekends(Sat.&Sun.)</u> |
|-------------------------|--------------------------|--------------------------------|
| Two Men and a Truck | \$100.00 | \$120.00 |
| Three Men and a Truck | \$120.00 | \$140.00 |
| Four Men and a Truck | \$140.00 | \$160.00 |
| Each Additional Man | \$20.00 per man/per hour | \$20.00 per man/per hour |

1.2 Office Hours / Minimum Hourly Charges:

Midlands Movers, LLC will operate Monday – Friday, 8:00 am – 5:00 pm and Saturday and Sunday from 8:00am – 12:00pm.

Monday- Friday
Saturday- Sunday
Recognized Federal Holidays

Two-Hour Minimum Charge
Four-Hour Minimum Charge
Four- Hour Minimum Charge

After the minimum hourly charge, the hourly rates are calculated in fifteen-minute increments. Any interim charge is rounded up to the next fifteen-minute increment. If customers cancel within 48 hours of their move, Midlands Movers, LLC will charge the applicable minimum. Customers are not charged an additional fee for overtime labor.

ED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Name of Applicant

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

Cargo Insurance \$ _____

Limits _____

* Attach Certificate of Insurance if available.

Name of Insurance Company

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

| | |
|---|------------|
| Vehicle liability for vehicles less than 10,000 lbs. GVWR | \$ 500,000 |
| Vehicle liability for vehicles 10,000 lbs. or more GVWR | \$ 750,000 |
| Cargo - For loss of or damage to property carried on any one motor vehicle | \$ 2,500 |
| For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place | \$ 5,000 |

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.


Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Lexington)

SWORN TO BEFORE ME
This, 9 day of August, 20 18


Notary Public

Commission Expires 3/27

Exhibit Fit, Willing, and Able (FWA)

 Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes
 ☒ No
 ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory
 ☐ Conditional
 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes
 ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

- ☐ Yes
 ☒ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes
 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

- ☒ Yes
 ☐ No

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Midlands Movers, LLC

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

- ☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

- ☒ Yes ☐ Not Applicable

I, Lewis Noles, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

This 9 day of August, 2018

[Signature]
Notary Public

Commission Expires 3/27

[Signature]
Applicant's Signature

Print Application

Personal Identification Information

Name of Applicant: Midlands Movers, LLC
Address: 550 Rose Sharon Drive
Lexington, S.C. 29072
Federal Employer
Identification Number: _____

***** Confidential *****

For Internal Use Only



www.NEAgencies.com

Excess and Surplus Lines Division
Tapco Underwriters, Inc.
3060 S. Church Street
P.O. Box 286
Burlington, NC 27216-0286

Commercial Lines Phone: (866) 682-7726
Fax: (336) 586-0086
Email: nea@gotapco.com

6/19/2018

To: Scott Jenkins
From: Justin Kanupps
Extension 8124
jkanupps@gotapco.com

Quote ID: **OPDEU**

Applicant: **Lewis Noles**

We are pleased to offer the following quote through: **Colony Insurance**

General Liability:

\$ 2,000,000 General Aggregate
\$ Included Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ **2500 BI/PD Deductible Per Claimant

99793 - Truckers

Number of owners 1 (16,000 payroll)

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Mold, Spores, Fungus, EIFS (Exterior Insulation Finish Systems) or Synthetic Stucco, Biological or Chemical Materials, Known Injury or Damage, Exclusion - Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Employment Related Practices, Leased Workers, Voluntary Labor, New Entities, Subsidence / Earth Movement, Oral Contracts, Roofing, Radioactive Contamination, Electromagnetic Fields, Hired & Non Owned Auto, Injury To Contractors / Independent Contractors / Subcontractors, Residential Construction In CA, All Construction Operations in NY, Designated operations covered by a consolidated (wrap-up) insurance program, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations Apply and Minimum and Deposit Premium Endorsement Applies. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

U004-Misc. Exclusions Endorsement; CG2107-Excl. Access or Disclosure of Confidential or Personal Information and Data-Related Liability Limited Bodily Injury Exception Not Included; CG2109-Excl. Unmanned Aircraft; U159-Limitation of Coverage to Business Description; U730-Excl. Benzene; CG2117-Excl. Movement of Buildings or Structures; CG2229-Exclusion Property Entrusted; U073A-Excl. Continuous Progressive or Repeated Bodily Injury or Property Damage; U155-Absolute Auto, Aircraft and Watercraft Exclusion; U924-Exclusion Synthetic Drugs and Similar Designer Drugs

This Premium is 25% Earned

The Policy Fee is 100% Earned

The Term quoted is: Twelve Months

| | |
|---------------|-----------------|
| Base Premium: | \$500.00 |
| Policy Fee: | \$110.00 |
| Tax: | <u>\$36.60</u> |
| Total: | <u>\$646.60</u> |

Comments:

No Cargo or Care, Custody, Control Coverage. The quote is subject to applicant having commercial auto coverage with limits equal to or greater than the general liability limits.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a Prime Rate Premium Finance agreement has been attached. Please contact Prime Rate (800-777-7458) or see the web site address located in the upper left hand corner of the agreement if you have any questions.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

Quote valid for 30 days.



Rental
Leasing
Logistics

Contact Information

COLUMBIA, SC
107 SAXE GOTH DR
WEST COLUMBIA, SC 29172

Midlands Movers LLC
550 State Road S-32-115
Lexington, SC 29072
US

This quote is only valid until the below date unless signed.

9/1/2018

Customer agrees that the time and mileage will remain in effect from:

Start Date 7/1/2018

End Date 10/1/2018

Current Rates

| Product | Quantity | Daily Rate | Weekly Fixed Rate | Monthly Rate | Mileage Rate | Est Weekly Miles |
|-------------------|----------|------------|-------------------|--------------|--------------|------------------|
| 24' - 26' Non CDL | 1.00 | USD 115.00 | USD 575.00 | USD 2,492.00 | USD 0.17 | 1,000 |

If the rental varies from the above, agreed Operating Terms the rental will be adjusted retroactively to the following rate:

Retro Rates

| Product | Retro Weekly Fixed Rate | Retro Mileage Rate |
|-------------------|-------------------------|--------------------|
| 24' - 26' Non CDL | USD 600.00 | USD 0.20 |

Parties Agree

The terms and conditions contained in the Penske Truck Leasing Standard Commercial Truck Rental Agreement are incorporated in and made a part of this Agreement, except the aforementioned time and mileage charges shown shall supersede any inconsistent time and mileage charges or rates shown on the Rental Agreement. Customer shall not be entitled to any other discount for vehicles rented pursuant to this Agreement. The above rates do not include sales tax, fuel, mileage tax, insurance or other fees.

Agreed To:

Penske Truck Leasing, LP

Prepared By John Mark Wills

RM Signature _____

DM Signature _____

Date Signed _____

Account Name Midlands Movers LLC

Contact Name Lewis Noles

Signature _____

Date Signed _____

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Midlands Movers LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
550 ROSE SHARON DR

(Street Address)

LEXINGTON, South Carolina 29072

(City, State, Zip Code)

3. The initial agent for service of process is

Lewis Noles

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
550 ROSE SHARON DR

(Street Address)

LEXINGTON

(City)

South Carolina 29072

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Lewis Noles

(Name)

550 ROSE SHARON DR

(Street Address)

LEXINGTON, South Carolina 29072

(City, State, Zip Code)

Midlands Movers LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Midlands Movers LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Lewis Noles

Signature of Organizer

Date: 01/26/2018

Signature of Organizer

Date:

The State of South Carolina



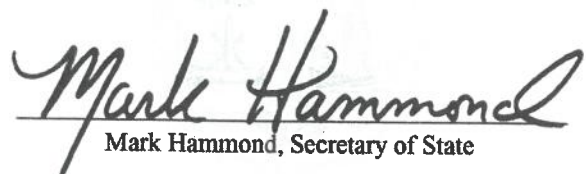
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

MIDLANDS MOVERS LLC,
a limited liability company duly organized under the laws of the State of South Carolina on January 26th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 8th day
of August, 2018.


Mark Hammond, Secretary of State

**REGULATIONS AND SCHEDULE OF CHARGES APPLICABLE TO
CERTAIN INTRASTATE HOUSEHOLD GOODS MOVES WITHIN THE
STATE OF SOUTH CAROLINA**

TABLE OF CONTENTS

| | |
|--|---|
| Title Page | 1 |
| Table of Contents | 2 |
| Applicability of Tariff | 3 |
| <u>SECTION 1</u> | 4 |
| 1.0 Transportation Charges | 4 |
| 1.1 Hourly Rates and Charges | 4 |
| 1.2 Office Hours / Minimum Hourly Charges | 4 |
| <u>SECTION 2</u> | 5 |
| 2.0 Additional Services | 5 |
| 2.1 Bulky Article Charges | 5 |
| 2.2 Elevator or Stair Carry | 5 |
| 2.3 Excessive Distance or Long Carry Charges | 5 |
| 2.4 Pick Up and Delivery | 5 |
| 2.5 Packing and Unpacking | 6 |
| 2.6 Articles, Special Servicing | 6 |
| 2.7 Waiting Time | 6 |
| <u>SECTION 3</u> | |
| 3.0 Rules and Regulations | 7 |
| 3.1 Claims | 7 |
| 3.2 Computing Charges | 7 |
| 3.3 Governing Publications | 7 |
| 3.4 Bill of Lading, Contract Terms, Conditions | 7 |
| 3.5 Items of Particular Value | 8 |
| 3.6 Delays | 8 |
| <u>SECTION 4</u> | |
| 4.0 Promotions | 8 |
| 4.1 Military/Senior Citizens | 8 |

Applicability of Tariff

This tariff contains the regulations and rates applicable to the provision of intrastate household goods moved by Midlands Movers, LLC. These services are furnished between points and places in all South Carolina counties.

SECTION 1**1.0 Transportation Charges**

Transportation Charges include the hourly rates as listed below.

1.1 Hourly Rates and Charges

Moves will be conducted on a "straight time" basis, with a minimum hourly charge as set out below plus actual travel time. The clock starts at the appropriate hourly rate when the movers leave the Midlands Movers, LLC office location, and includes the movers estimate return time to the office location.

| <u>Number of Movers</u> | <u>Weekdays</u> | <u>Weekends(Sat.&Sun.)</u> |
|--------------------------------|--------------------------|---------------------------------------|
| Two Men and a Truck | \$100.00 | \$120.00 |
| Three Men and a Truck | \$120.00 | \$140.00 |
| Four Men and a Truck | \$140.00 | \$160.00 |
| Each Additional Man | \$20.00 per man/per hour | \$20.00 per man/per hour |

1.2 Office Hours / Minimum Hourly Charges:

Midlands Movers, LLC will operate Monday – Friday, 8:00 am – 5:00 pm and Saturday and Sunday from 8:00am – 12:00pm.

| | |
|-----------------------------|---------------------------|
| Monday- Friday | Two-Hour Minimum Charge |
| Saturday- Sunday | Four-Hour Minimum Charge |
| Recognized Federal Holidays | Four- Hour Minimum Charge |

After the minimum hourly charge, the hourly rates are calculated in fifteen-minute increments. Any interim charge is rounded up to the next fifteen-minute increment. If customers cancel within 48 hours of their move, Midlands Movers, LLC will charge the applicable minimum. Customers are not charged an additional fee for overtime labor.

SECTION 2

Date Proposed:
Effective Date: _____

2.0 ADDITIONAL SERVICES

The following charges shall be assessed in addition to the hourly rates quoted in Section 1 of this tariff, in connection with a move involving additional items:

2.1 Bulky Article Charges (per item)

- Floor Model Television (48" or above) - \$120
- Pool Tables- \$275
- Gun cabinet - \$90
- Steel Gun Cabinet (in excess of 400 lbs.) - \$150
- Hot Tubs, Whirlpools - \$250
- Riding Lawnmowers- \$120
- Freezers - \$90
- Flat Screen Televisions (41" or above) - \$70.00
- Golf Carts - \$150
- Pianos - \$275

2.2 Elevator or Stair Carry

Midlands Movers, LLC does not charge an additional fee for elevator or stair carry, except as specified in Section 2.1 above.

2.3 Excessive Distance or Long Carry Charges

Midlands Movers, LLC does not charge an additional fee for carrying articles an excessive distance to or from the motor vehicle.

2.4 Pick Up and Delivery

Midlands Movers, LLC does not charge an additional fee for making additional pick-ups or deliveries after the initial stop.

2.5 Packing and Unpacking

2.5.1 Midlands Movers, LLC does not charge an additional fee for packing and unpacking. The packing rate is the same as the hourly rate listed in Section 1; plus the market price of packing materials, including sales tax on the materials.

2.5.2 Midlands Movers, LLC is not responsible for items packed by the customer. Boxes containing fragile or breakable items must be properly labeled. Midlands Movers, LLC reserves the right to decline any moves consisting of extremely large or fragile items.

2.6 Articles, Special Servicing

The rates and charges in this tariff do not include servicing or connection of appliances such as freezers, refrigerators, computer equipment, washers, dryers, televisions, and similar articles.

2.7 Waiting Time

The customer is charged the rates specified in Section 1 for all waiting time or delays which are not the fault of Midlands Movers, LLC.

SECTION 3**3.0 RULES AND REGULATIONS****3.1 Claims**

- 3.1.1** All claims for loss, damage or overcharge must be written and should be attached to the Bill of Lading.
- 3.1.2** Claimant must notify carrier of all claims for concealed damage within 30 days of the move. Midlands Movers, LLC must be given reasonable opportunity to inspect damaged items.
- 3.1.3** Although our movers will be careful with your possessions, from time to time damages may occur. If damages are caused by our service, Midlands Movers, LLC reserves the right to repair the damage(s) in question. If we determine that damages can not be repaired, we reserve the right to either replace or compensate (actual cash value) for the damage. If there is damage, notify Midlands Movers, LLC immediately. They will complete a Damage Report before they leave your site. If you discover damage after the move, call the office within 30 days of your move. No damage claims will be honored until the charges for moving services are paid in full. You will be asked to sign a Release of Liability acknowledging this.

3.2 Computing Charges

Midlands Movers, LLC rates are computed by multiplying the applicable hourly rate by the time as provided in Section 1.

3.3 Governing Publications

Midlands Movers, LLC rates and charges are governed by the terms and conditions of this tariff, and the Rules and Regulations of the South Carolina Public Service Commission.

3.4 Items of Particular Value

Midlands Movers, LLC does not assume any liability whatsoever for documents, currency, credit cards, jewelry, watches, precious stones or articles of extraordinary value including accounts, bills, deeds, evidences of debt, securities, notes, postage stamps, stamp collections, trading stamps, revenue stamps, letters or packets of letters, alcoholic beverages, firearms, coin collections, articles of peculiarly inherent or intrinsic value, precious metals or articles manufactured there from. Midlands Movers, LLC will not accept responsibility for safe delivery of such articles if they come into Midlands Movers, LLC's possession with or without Midlands Movers, LLC's knowledge.

3.5 Bill of Lading, Contract Terms, and Conditions

Each customer will be provided with a copy of Midlands Movers, LLC's Bill of Lading. The terms and conditions of the Bill of Lading, attached hereto, are hereby incorporated by reference.

3.6 Delays

Midlands Movers, LLC shall not be liable for any delays in transporting household goods resulting from an act of God or fault or neglect of any unforeseen entities.

SECTION 4**4.0 PROMOTIONS**

Midlands Movers, LLC shall apply the following promotions, in a uniform and nondiscriminatory fashion:

4.1 Military/Senior Citizens


A promotional rate of normal hourly service charges for moving, packing and unpacking items listed below will be applied for customers who are active duty military, disabled veterans, and senior citizens that provide proper proof of same. Extra chargeable items will follow rates in Section 2. 2.1. Moves will be conducted on a "straight time" basis, with a minimum hourly charge as set out in Section 1.2 plus actual travel time. The clock starts at the appropriate hourly rate when the movers leave the Midlands Movers, LLC office location, and the movers estimate return time to the office location. The hourly rates and charges are indicated below:

| <u>Number of Movers</u> | <u>Weekdays</u> | <u>Weekends(Sat.&Sun.)</u> |
|--------------------------------|--------------------------|---------------------------------------|
| Two Men and a Truck | \$90.00 | \$108.00 |
| Three Men and a Truck | \$108.00 | \$126.00 |
| Four Men and a Truck | \$126.00 | \$144.00 |
| Each Additional Man | \$18.00 per man/per hour | \$18.00 per man/per hour |

BEFORE
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA
DOCKET NO. 201 - -T
CERTIFICATE OF SERVICE

I, Carl E. Bell, hereby certify that I have, on this **14th day of August 2018**, served the **Application for Certificate of Public Convenience and Necessity for Operation of Motor Vehicle Carrier for Midland Movers, LLC**, upon the party listed below by electronic mail:

Jeffrey M. Nelson
jnelson@regstaff.sc.gov
Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, SC 29201



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Columbia, South Carolina
August 14, 2018